

PART B - FEE(S) TRANSMITTAL

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35969 7590 11/16/2009

Barbara A. Shimek
 Director, Patents & Licensing
 Bayer HealthCare LLC - Pharmaceuticals
 555 White Plains Road, Third Floor
 Tarrytown, NY 10591

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/527,391	10/21/2005	Heike Gielen-Haertwig	LE A 36 248	8624

TITLE OF INVENTION: PYRIDIMIDONE DERIVATIVES AS THERAPEUTIC AGENTS AGAINST ACUTE AND CHRONIC INFLAMMATORY, ISCHAEMIC AND REMODELLING PROCESSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1510	\$1510	02/16/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAO, DEEPAK R	1624	514-274000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 - "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
1. Edwards Angell Palmer & Dodge LLP
 2. Gabriel J. McCool
 3. Barry Kramer

2. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

BAYER SCHERING PHARMA AKTIENGESELLSCHAFT

Berlin, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

- A check is enclosed.
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 133372 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /THOMAS C. BLANKINSHIP/ Date February 16, 2010
 Typed or printed name Thomas C. Blankinship Registration No. 39,909

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